

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

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HBWS
PMB

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Kusunoki, Susan A.			536-5688
MAILING ADDRESS (Street)			FAX
84 N. King Street			536-5720
(City)	(State)	(Zip Code)	
Honolulu, HI	96817		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Pacific Management Consultants, Inc.			536-5688
MAILING ADDRESS (Street)			FAX
84 N. King Street			
(City)	(State)	(Zip Code)	
Honolulu, HI	96817		

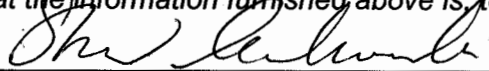
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Board of Water Supply		
MAILING ADDRESS (Street)		FAX
630 S. Beretania Street		
(City)	(State)	(Zip Code)
Honolulu, HI	96843	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Clifford S. Jamile		
MAILING ADDRESS (Street)		FAX
630 S. Beretania Street		
(City)	(State)	(Zip Code)
Honolulu, HI	96843	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input checked="" type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input checked="" type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

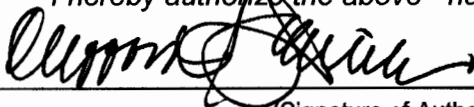
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1/14/05
(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Clifford S. Jamile, Manager & Chief Engineer			
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Board of Water Supply		748-5061	
MAILING ADDRESS (Street)		FAX	
630 S. Beretania Street			
(City)	(State)	(Zip Code)	
Honolulu, HI	96843		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
			
(Signature of Authorizing Officer or Person Represented)		(Date)	